

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010029

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 48

VS 300
Rev. 4/59

1 1007

2 0721

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4 0

5 1

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7 1

8 0

9 4300

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11

12 1-0

13 2-0

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b. 12 hours	c. CITY OR TOWN NEW MADRID Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle ORVILLE Last EDWARDS		4. DATE OF DEATH Month 2 Day 15 Year 63	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept-19-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) 58 IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HR Hours — Min. —
11a. FATHER'S NAME Allen Edwards		11b. BIRTHPLACE (City and state or country) WEBSTER Co. - Ky.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Bell Shoulders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)		14. NAME OF HUSBAND OR WIFE Algie Edwards	
16. SOCIAL SECURITY NO.		17. INFORMANT Algie Edwards Address NEW MADRID, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE COR. ART. OCCLUSION INST. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ORT. SCLER. HEART DIS. DUE TO (c) —			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour — a.m. — p.m. Month, Day, Year 1963	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1963	
20f. CITY, TOWN, OR LOCATION SIKESTON, MO.		COUNTY NEW MADRID STATE MO.	
21. I attended the deceased from 11.05 P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carl G. Pope M.D.		22b. ADDRESS SIKESTON, MO.	
22c. DATE SIGNED 2-16-63		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 2/18/63		23c. NAME OF CEMETERY OR CREMATORY EVERGREEN	
23d. LOCATION (City, town, or county) NEW MADRID.		(State) MO	
24. FUNERAL DIRECTOR RICHARDS FUNERAL HOME - NEW MADRID		25. DATE RECD. BY LOCAL REG. 2-20-1963	
26. REGISTRAR'S SIGNATURE Jeanette Waldman		27. REGISTRAR'S SIGNATURE —	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. S. Hedgesmith*

Licensed Embalmer No. 3833

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.